



City of East Orange

Small Business Covid Relief Grant Application

I. BUSINESS INFORMATION

Name of Business _____ Business Phone _____

Name of Business Owner(s) / Applicant(s) _____

Business Address _____ City _____

State _____ Zip Code _____ Website _____

Type of Business _____ Year Business started _____

Business Type Sole Proprietor LLC Corporation Partnership

Is the business currently open? Yes No

Is this business closed or partially closed due to Covid-19? Yes No

If yes, what is the estimated revenue loss the business experienced to date?

0% 25% 50% 75% 100%

Federal Tax ID #

2019 Gross Revenue \$

2019 Expenses \$

FY 2020 Income Limit Category								
Family Size	1	2	3	4	5	6	7	8
80% AMI	55,950	63,950	71,950	79,900	86,300	92,700	99,100	105,500

The business is owned by a low-moderate income person? Yes No

Are you retaining a position that is occupied by a low-moderate income person(s)? **(Position must be occupied and currently on the payroll.)** Yes No

Does your business have 5 or less employees? Yes No

BUSINESS DESCRIPTION

In the space below, please describe your business and the services/products you supply as well as specific information on the adverse effects that the pandemic has had on your business:

While we understand that there is uncertainty, the federal funds require that businesses receiving a grant award have a realistic plan to successfully persevere through the COVID-19 pandemic. Please describe your plans and ability to persevere to the best of your ability:

II. JOB RETENTION PROJECTIONS

Please provide a summary of any change in employment as a result of the COVID-19 pandemic. Please provide the information broken between full time and part time status.

Number of employees as of 12/31/2019	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>
Number of employees currently	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>
Number of jobs retained if assisted	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>

III. FINANCIAL INFORMATION

ADDITIONAL ASSISTANCE

Has the Business received, been awarded, or applied for any other COVID-19 pandemic relief funds from any agency(ies)? Yes No

Please identify all sources of assistance that you received, requested and/or awarded, and for what purpose it was used for:

OPERATIONS BUDGET

Print out Operating Expense Report/Budget and attach to the application. Applications without this attachment will not be considered.

PROPOSED USE OF FUNDS

Please describe how the Business Operating Grant will be used to help your small business retain employees and keep your business operating during this challenging time. Please remember that the maximum request under the existing program is \$10,000.

Anticipated Use	Amount Requested
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT FUNDS REQUEST	\$

BUSINESS CERTIFICATION AND ACKNOWLEDGEMENT

Validity of Information, Penalty of Perjury:

I hereby certify that the information on this application is complete and accurate. I have freely and voluntarily opted to apply for the CDBG Small Business Covid Relief Grant from the City of East Orange. I acknowledge that the information provided may be subject to further verification by the City of East Orange, and agree to provide additional documentation as requested to verify the information I have provided.

Under penalty of perjury of the laws of the State of New Jersey, I certify that all the information I provided to obtain these funds from the City of East Orange is true and correct.

Signature

Date

Printed Name

Title

IV. ATTACHMENTS

Please submit the following items with your application; the City will contact you with any additional needs or confirm that your application is complete.

- 2019 Tax Returns, or most recently filed for the business and all owners/principles.
- Most recent Payroll Ledger
- Documentation supporting economic impact from Covid-19 (i.e. revenue loss, reduction in employee hours, layoffs, modified business hours/closures etc.)
- List of Business Stakeholders:
 - (i) **Corporation:** Please list names and addresses of the officers and directors of said corporation and any person and/or corporation with a financial interest of five percent or greater in said corporation
 - (ii) **Partnership:** Please list the names and addresses of all partners and include the proportionate share of each partner.
 - (iii) **S-Corporation:** Please list the names and addresses of all shareholders of said corporation.
 - (iv) **LLC:** Please list the names of all the members of said LLC.
 - (v) **Business Trust:** Please list the names of all members and beneficiaries of said trust.
- Utility Statements, if requesting assistance
- Lease Agreement and proof of payment, if requesting assistance
- Attach Operating Expense Report/Budget